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To: U.S. Patent & Trademark Office	Fax #: (703) 872-9306	Confirm#:
Examiner: Zia, Mossadeq		
Art Unit: 2134		

Client Matter#: SMY-219.01 (25087-21901)

From: Jeffrey M. Sears	Sender's Number: 3022	User #:
Total Pages Sent (Including Cover Sheet): 18		Office: Boston

Message

Re: U.S. Patent Application No. 09/517,410
 Filed: March 2, 2000
Attorney Docket No.: SMY-219.01 (25087-21901)

Dear Sir or Madam:

Enclosed are the following:

1. A Transmittal Form with Certificate of Facsimile Transmission (1 page);
2. A Petition for One Month Extension of Time *in duplicate* (2 pages total);
3. A Response (14 pages); and
4. This fax cover sheet (1 page).

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Approved for use through 10/31/2002, OMB 0651-0031

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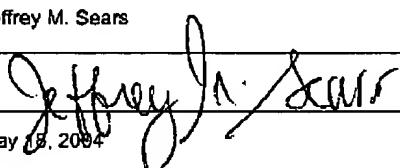
(to be used for all correspondence after initial filing)

		Application Number	09/517,410
		Filing Date	March 2, 2000
		First Named Inventor	Stephen R. Hanna
		Group Art Unit	2134
		Examiner Name	Zia, Mossadeq
Total Number of Pages in This Submission	18	Attorney Docket Number	SMY-219.01 (25087-21901)

ENCLOSURES (check all that apply)

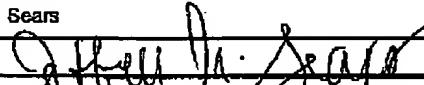
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Appointment of Power of Attorney and Revocation of Prior Powers <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Fax Cover Sheet.
Remarks		Customer Number 25,181

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jeffrey M. Sears
Signature	
Date	May 18, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Jeffrey M. Sears
Signature	
Date	May 18, 2004

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.